DEPARTMENT OF CHILDREN AND FAMILY SERVICES

Division of Children and Family Services CFS-497 (Rev. 11/2003)

DIRECTORY LISTING / MAILING LABELS ORDER

Date Order Received (mm/dd/yyyy):	
Date Order Mailed (mm/dd/vvvv):	

- **INSTRUCTIONS:** 1. Indicate the date the order form was completed. Provide your complete mailing address and telephone number, including area code.
 - 2. Check the box for each item requested.
 - 3. Fill in the amount due. (See the price chart on the back of this sheet.)
 - 4. Make the check or money order (we can't accept cash) payable to: WI Division of Children and Family Services. Payment must be received before the order can be processed.
 - 5. Send the order form and payment to the appropriate address. Allow two (2) weeks for delivery.

DIRECTORY LISTINGS contain the name address telephone number contact person licenses conseity energing hours and more. They are corted by Eacility Name

	•	nd include the name and mailing ad		y are sorted by I acility Name.	
Name - Requestor	Mailing Addre		,	Telephone Number	Date Form Completed (mm/dd/yyyy)
ORDER - Check requested coun	ties or Entire Region. Send order to	o appropriate address.	l		
NORTHEASTERN REGION	NORTHERN REGION	SOUTHEASTERN REGION	SOUTHERN REGION	WESTERN REGION	CENTRAL OFFICE
Regulation and Licensing Div. of Child and Fam Services 200 N Jefferson, Suite 411 Green Bay, WI 54301 Telephone No. (920) 448-5312	Regulation and Licensing Div of Child and Fam Services 1853 N Stevens Street PO Box 697 Rhinelander, WI 54501 Telephone No. (715) 365-2500	Regulation and Licensing Div of Child and Fam Services 141 NW Barstow, Suite 104 Waukesha, WI 53188 Telephone No. (262) 521-5100	Regulation and Licensing Div of Child and Fam Services 2917 International La., Suite 110 Madison, WI 53704 Telephone No. (608) 243-2400	Regulation and Licensing Div of Child and Fam Service 610 Gibson St., Suite 2 Eau Claire, WI 54701 Telephone No. (715) 836-21	1 W Wilson Street, Rm. 534 PO Box 8916 Madison, WI 53708-8916
☐ Entire state ☐ Individual county/counties ☐ Brown ☐ Calumet ☐ Door ☐ Fond du Lac ☐ Green Lake ☐ Kewaunee ☐ Manitowoc ☐ Marinette ☐ Marquette ☐ Menominee ☐ Oconto ☐ Outagamie ☐ Ozaukee ☐ Shawano ☐ Sheboygan ☐ Washington ☐ Waupaca ☐ Waushara ☐ Winnebago	☐ Entire state ☐ Individual county/counties ☐ Adams ☐ Ashland ☐ Bayfield ☐ Florence ☐ Forest ☐ Iron ☐ Juneau ☐ Langlade ☐ Lincoln ☐ Marathon ☐ Oneida ☐ Portage ☐ Price ☐ Sawyer ☐ Taylor ☐ Vilas ☐ Wood	☐ Entire state ☐ Individual county/counties ☐ Kenosha ☐ Milwaukee (note prices for Milwaukee county) ☐ Racine ☐ Waukesha	□ Entire state □ Individual county/counties □ Columbia □ Dane □ (note prices for Dane county) □ Dodge □ Grant □ Green □ Iowa □ Jefferson □ LaFayette □ Rock □ Sauk □ Walworth	Entire state Entire region Individual county/countie Barron Buffalo Burnett Chippewa Clark Crawford Douglas Dunn Eau Claire Jackson La Crosse Monroe Pepin Pierce Polk Richland Rusk St. Croix Trempeleau Vernon Washburn	☐ Entire state ☐ Entire region
box / boxes)	TYPE OF FACILITY: ☐ Child Placing Agencies ☐ Day Care Centers (Group and ☐ Family Day Care Centers ☐ Group Day Care Centers ☐ Group Foster Homes ☐ Residential Care Centers ☐ Shelter Care ☐ Day Camps	FORMAT:	☐ Paper dire	ectory formatted in Excel ectory pels formatted in Excel	AMOUNT DUE: \$

OF WISCONS

Division of Children and Family Services CFS-497 (Rev. 11/2003)

DIRECTORY / LABEL PRICING INFORMATION

	FACILITY TYPE	E-MAIL DIRECTORY	PAPER DIRECTORY	E-MAIL LABELS	PRINTED LABELS	REQUESTED QUANTITY Directory / Labels	TOTAL
ENTIRE STATE	ALL DAY CARE GROUP only FAMILY only	\$50 \$25 \$25	\$65 \$30 \$30	\$65 \$35 \$35	\$80 \$50 \$50		\$
	Other Types	\$ 7	\$10	\$ 7	\$15		\$
ENTIRE REGION(S) (Price will not exceed Entire State pricing.) NOTE: Milwaukee and Dane counties are charged the same as Entire Region.	ALL DAY CARE GROUP only FAMILY only	\$15 \$10 \$10	\$25 \$15 \$15	\$20 \$15 \$15	\$30 \$25 \$25		\$
*COUNTY Requesting 1 - 8 counties	ALL DAY CARE GROUP only FAMILY only	\$ 7 \$ 7 \$ 7	\$20 \$10 \$10	\$ 7 \$ 7 \$ 7	\$25 \$20 \$20		\$
NOTE: Milwaukee and Dane counties are charged the same as Entire Region. NOTE: Nine or more counties is same	Other Types	N/C		\$ 7	\$10		\$
as Entire Region.							
CITY	ALL DAY CARE GROUP only FAMILY only	\$ 5 \$ 5 \$ 5		\$			
TOTAL				TOTAL	\$		

•	*IF DIRECTOR'	DOES NOT EXCEED	15 PAGES, NO	D CHARGE WILL B	E ASSESSED
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•	PROVIDE F-MAIL	ADDRESS IF YOU ARE	REQUESTING	AN FI FCTRONIC	COPY

E-MAIL ADDRESS:
